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MassHealth Launches Wellness Program

Effective July 1, 2007, MassHealth will launch the MassHealth Wellness Program, called MassHealthy, to encourage members to see their health-care providers for well-care visits and take actions to stay healthy. The goals of the Wellness Program include encouraging members to take actions that create a healthy lifestyle, and supporting the adoption and maintenance of actions that contribute to wellness.

Health-care providers play an important role in the well-being of our members.

The Wellness Program is a result of the April 2006 Health Care Reform legislation. MassHealth and the Massachusetts Department of Public Health collaborated on the development of an initiative that

would encourage MassHealth members to engage in health-related activities in the areas of smoking cessation, diabetes screening for early detection, teen-pregnancy prevention, cancer screening for early detection, and stroke-prevention education.

Some of the features of MassHealthy include:

- educating members about how to lead a healthy lifestyle and the benefits of these actions; and
- encouraging members to participate in preventive health-care services, such as well-care visits, immunizations, and screenings.

MassHealth will soon issue a provider bulletin on the Wellness Program.

We recommend that providers review this bulletin (when posted on the Web), along with the wellness brochure that will be attached to it, to become familiar with the new program and be able to answer questions patients may have. MassHealth members will be mailed a brochure about the MassHealthy program in late June, so we recommend that providers allow themselves enough time to become acquainted with the recommendations in the brochure. You can access the brochure from the MassHealth Web site at www.mass.gov/masshealth/wellness. You can also access other MassHealth publications on the MassHealth Web site by selecting the MassHealth Regulations and Other Publications link, then Provider Library.

National Drug Code Reporting for Physician-Administered Drugs

To meet compliance standards outlined in the Deficit Reduction Act (DRA), MassHealth will begin collecting national drug codes (NDC) and units for all claims for drugs submitted with a HCPCS Level II code. The DRA requires state Medicaid programs to ensure that providers list physician-administered drugs using the NDC codes and quantity in appropriate units (for example, milliliters and grams) for all electronic and paper claims. The purpose of this requirement is to give MassHealth the information it needs to collect drug rebates from pharmacy manufacturers. The NDC and quantity of injectable devices must also be reported. An NDC is not required for vaccines.

MassHealth will require that this information is included on claims with dates of service on or after January 1, 2008.

MassHealth is not changing the reimbursement amount for infusible and injectable drugs and devices. Claims for these drugs and injectable devices will continue to be priced according to the rate set by the Division of Health Care Finance and Policy's regulation for the HCPCS Level II code. MassHealth is not requiring this change for hospitals for drugs included in a bundled rate at this time.

If you bill electronically using the 837P transaction, the NDC and quantity can be entered in Loop 2410 LIN03 and Loop 2410 CTP04 respectively, following the instructions outlined in the 837P Implementation Guide Addendum.

If you bill on paper using the MassHealth claim form no. 5 or no. 9, you can enter

the NDC and number of units on the claim forms as indicated below. If you bill Medicare Part B paper crossover claims, please use the CMS-1500 form to report NDC and units.

Enter the NDC and units in the following field(s) for the claim form on which you bill:

- Claim form no. 5: Use Item 24C (Explain Unusual Circumstances).
- Claim form no. 9: Use the Item 35 (Remarks).
- CMS-1500 form: Use the shaded area of Item 24A-24G.

When billing Medicare for a dual-eligible individual, providers should enter the

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Updates to the MassHealth Proprietary Claim Forms

The MassHealth proprietary claim forms have changed with the implementation of the national provider identifier (NPI). As mentioned in the May issue of *Update*, there are changes to the claim forms to allow for entries of NPI and taxonomy codes. All claims, both electronic and paper, must contain an NPI, so it is important that providers are aware of how this requirement affects their current MassHealth billing procedures. In addition to issuing *All Provider Bulletin 164* (May 2007), MassHealth also offered several Web and in-person educational sessions to cover these billing procedure changes. If you were unable to attend one of these trainings, this article can bring you up to speed and direct you to MassHealth resources that explain the transition and its impact on your practice.

NPI Web Page

MassHealth has a Web page dedicated to reporting the latest NPI developments. The new NPI Web page, located at www.mass.gov/masshealth/npi, is a great resource for accessing all MassHealth NPI-related publications, and includes a cross-reference chart explaining where to enter your NPI on the applicable claim form.

For providers using the 837I or 837P transaction to submit claims electronically, refer to the applicable 837 Implementation Guide for the appropriate placement of NPI and taxonomy details in the electronic transactions.

For paper claims, review the cross-reference chart in the Instructions for Reporting NPI and Taxonomy on Paper Claims section. This chart shows where to enter the relevant information in the revised no. 4, 5, 7, 9, 10, and new UB-04 claim forms.

Introducing the UB-04 Claim Form

The UB-92 claim form, the universal form currently used by inpatient and outpatient hospitals, has been replaced with the UB-04 claim form. The UB-04 has entries for NPI and taxonomy. Although most fields on the UB-04 will remain the same as the UB-92, there are some differences, since not all fields could be easily mapped to the new claim form. Please note the following instructions for the items not easily mapped to the UB-04:

- Item 7: Enter the covered days.
- Item 45: Enter the billing date.

- Item 56: Enter your national provider identifier (NPI).
- Item 57A: Enter your other provider number, if applicable.
- Item 64A: Enter the transaction control number (TCN) for any adjustments or resubmittals.

New Proprietary Claim Forms

New claim forms are now available for provider use. All paper claims submitted to MassHealth should be on the new forms.

To request copies of the new claim forms, you can use the publications Online Ordering tool available on www.mass.gov/masshealth if you have a Customer Web Portal Account username and password. If you do not have one, you may contact MassHealth at publications@masshealth.net or 1-800-841-2900 to request copies.

More information about NPI and changes to the MassHealth claim forms and billing procedures are available in *All Provider Bulletin 164* (May 2007). You can access this bulletin from the Provider Library on www.mass.gov/masshealth.

The Perinatal Care Recommendations for 2006 and 2007

Massachusetts Health Quality Partners (MHQP) and representatives from 21 Massachusetts health-care organizations, including MassHealth, came together again to collectively endorse the 2006/2007 routine Perinatal Care Recommendations.

While MHQP has issued Perinatal Care Recommendations every other year since 2002, this is the first year that the recommendations are being made available online in both desk-reference and brochure formats. The online version also includes links to additional materials that you may find useful, such as screening tools and referral guides for clinicians, as well as informational handouts for patients.

The Recommendations were compiled by a collaborative working group of clinicians using evidence-based guidelines from the American College of Obstetri-

cians and Gynecologists (ACOG) and other national organizations, including the American Academy of Family Physicians and the American Academy of Pediatrics. The additional materials were also compiled by the clinician working group based on their experiences, and are offered as resources for your practice.

The goal in coming together to endorse a single set of perinatal care recommendations is to support your efforts to provide high-quality, evidence-based care and eliminate inconsistent guidelines. It is well documented that high-quality prenatal care is the single most important factor in improving maternal and infant health.

To access the online resources, go to www.mhqp.org and click on Guidelines and then Perinatal Care Recommendations. Included are links to the Online

Desk Reference, with links to Supplementary Materials and Patient Handouts.

The Recommendations have also been formatted to print onto letter-size paper. Links to supplementary material are indicated within the body of the Recommendations. All of the linked material can be printed, either from the Recommendations page or from the list entitled "Supplementary Materials." Patient handouts and some provider materials are formatted as Word documents so that you may adapt them for your own practice. Additionally, you may view and print the brochure and letter versions of the Recommendations.

Refer to the MHQP Web site at www.mhqp.org for more information on MHQP and the recently issued Recommendations.

Overhaul of Billing Instructions

MassHealth is in the process of updating Subchapter 5 in all provider manuals. Subchapter 5 has been renamed “Administrative and Billing Instructions,” to more aptly describe the subjects covered, including the MassHealth card, prior authorization, claim attachments, and billing MassHealth when a member has other insurance. The instructions for completing claim forms (Part 3 of the Administrative and Billing Instructions) and reading the remittance advice (Part 5) are being replaced with general instructions that apply to all provider types.

The new Part 3 describes the options for submitting claims either electronically or on paper claim forms. The new Part 5 describes in general terms what you receive from MassHealth after you submit your claims. This includes a general description of the electronic 835 transaction and the paper remittance advice, depending on how you submit your MassHealth claims. Part 5 also describes your options for receiving payment.

Claim-Form-Specific Instructions on the Web

As MassHealth updates Parts 3 and 5 of the Administrative and Billing Instructions with the material that applies to all providers, the detailed instructions for completing claims and detailed information about the remittance advice are being updated and moved into freestanding, Web-based claim-form-specific billing guides.

For each type of claim form, MassHealth will post two documents:

- instructions for billing paper claims to MassHealth; and
- a guide to the MassHealth remittance advice and its electronic equivalents.

These instructions contain the details you will need to bill MassHealth using paper claim forms.

No Change for Electronic Billers

The process of updating Subchapter 5 of all provider manuals and moving the claim-form-specific instructions into freestanding guides on the Web will

occur over time in the coming weeks.

Instructions for claim form no. 5 are on the Web, and were introduced to physician providers through *Transmittal Letter PHY-118*. Instructions for claim form no. 4 and no. 9 will be posted on the Web by early July.

Sign Up for E-mail Alerts

The freestanding guides will be updated as needed to keep them current. Because the guides are not part of your provider manual, you will not receive a transmittal letter when they are updated. We encourage providers to take advantage of the option of receiving e-mail alerts when the freestanding, Web-based billing guides have been updated.

If you bill your claims electronically, you should continue to refer to the 837 Implementation Guides and the MassHealth Companion Guides. The MassHealth Companion Guides are available on the MassHealth Web site. Go to www.mass.gov/masshealthpubs, then Provider Library, then MassHealth Provider Manuals.

Introducing the New Dental Web Site

Since Dental Service of Massachusetts (DSM) and its subcontractor, Doral Dental USA, LLC, became the dental third-party administrator (TPA) for the MassHealth dental program, there is a new Web site for dental services. This Web site, www.masshealth-dental.net, is a great tool for both MassHealth dental providers and members.

You can also access the dental Web site by clicking on New MassHealth Dental Program under the Information for MassHealth Providers link on www.mass.gov/masshealth. This directs you to the Dental Providers and Partners home page.

Inside masshealth-dental.net

At the Providers and Partners home page, you can:

- log on to the provider portal (username and password required);
- learn more about how to join the

MassHealth dental program if you are not already a provider; and

- log on to the trading-partner portal (username and password required).

Providers Portal

If you are currently a MassHealth dental provider, click on the Providers Portal link to verify MassHealth member eligibility, submit requests for prior authorization, directly data-enter dental claims, check the status of your claims, and access provider forms, bulletins, companion guides, and training materials.

Become a Provider

If you are interested in becoming a MassHealth provider, click on the Become a Provider link to learn more about the MassHealth dental program and how you can join. This section has all you need to get involved, including provider applications, agreements, and W-9 forms.

Trading Partners Portal

After using a login name and password, existing MassHealth providers can use the Trading Partners Portal link to submit dental claims electronically, and retrieve your electronic remittance advice (835 transaction). For more information on how to submit your dental claims electronically, contact Doral Customer Service at 1-800-207-5019.

Navigation Help

If at any time you need help navigating your way around the Web site, just click on the Online Help link under the orange and grey Dental Portals heading on the right side of the page. You will be redirected to the help pages that explain how registered users can log on to the Web portals, along with Doral's contact information if additional assistance is necessary.

▮ National Drug Code Reporting for Physician-Administered Drugs (continued from page 1)

NDC and units on their claim (paper or electronic) in the appropriate fields mentioned above. This is applicable to claims submitted directly to MassHealth and to claims that will cross over from the coordination-of-benefits contractor.

Publications about this change, including billing instructions for affected providers, will be issued in the coming weeks. If you use a vendor to submit these types

of claims, you should contact that vendor to begin preparing for this change.

Although these new requirements do not take effect until January 1, 2008, MassHealth providers may begin submitting claims with the NDC information immediately if their billing systems and procedures can accommodate this request.

Stay tuned to www.mass.gov/masshealth for the latest information.

▮ MassHealth Reminders

Dental Providers: Send Your National Provider Identifier (NPI) Details to Doral

Dental providers should send their NPI confirmation to Doral as soon as possible. If you do not already have an NPI, you can apply for one at <https://nppes.cms.hhs.gov>. Once you receive written confirmation from the Centers for Medicare and Medicaid Services (CMS) of your NPI number, please mail a copy of that document to: MassHealth Dental, 12121 North Corporate Parkway, Mequon, WI 53092. Doral will soon be mailing dental providers a letter explaining how to use your NPI for dental claims. Thank you in advance for your assistance in meeting this federal requirement. If you have questions, contact Doral Customer Service at 1-800-207-5019.

Address for Dental Prior-Authorization Requests

Please be reminded that all prior-authorization requests for dental services can be submitted online at www.masshealth-dental.net. For those providers who prefer to submit their dental prior authorizations on paper, these should be sent to Doral at the following address: MassHealth Dental - PA, 12121 North Corporate Parkway, Mequon, WI 53092. Do not address prior-authorization requests to any address other than the one listed above. If you have questions, contact Doral Customer Service at 1-800-207-5019 or visit the MassHealth Dental Web site at www.masshealth-dental.net.

UB-04 Claim Form Replaces the UB-92 Claim Form

MassHealth would like to remind providers that all paper claims, including resubmittals and adjustments, for inpatient and outpatient hospital services must be submitted on the UB-04 claim form, regardless of the date of service. As of May 23, 2007, the UB-92 claim form has been replaced with the new UB-04 claim form. If you do not submit paper claims on the UB-04 claim form, your claim will be returned to you and you will need to resubmit the claim using the correct UB-04 claim form.

Division of Health Care Finance and Policy (DHCFP) Updated Rates

The DHCFP updated rates for home health agencies, and introduced a new service code and modifier for Subchapter 6 of the *Home Health Agency Manual*. New rates are effective for 01/01/07. Providers should begin using new rates immediately on claims with dates of service (DOS) on or after 01/01/07. MassHealth will reprocess claims paid at the previous rates for DOS on or after 01/01/07. You do not need to take any action. Updated rates can be found under Home Health Services at the DHCFP Web site at www.mass.gov/dhcfp. MassHealth also added a new code, G0154TT, effective for DOS on or after 06/01/07. Refer to *Transmittal Letter HHA-38* in the Provider Library on www.mass.gov/masshealth.

The DHCFP also updated rates for independent nurse providers. The new rates

are also effective 01/01/07, and providers should begin using the new rates immediately on claims with dates of service (DOS) on or after 01/01/07. MassHealth will reprocess claims paid at the previous rates for DOS on or after 01/01/07. You do not need to take any action. Updated rates can be found under Home Health Services at the DHCFP Web site at www.mass.gov/dhcfp.

Home Health Services with National Provider Identifier (NPI) and Third-Party Liability (TPL) Claims

The implementation of NPI requirements (effective 05/23/07) does not change MassHealth billing and policy regulations for home health services for TPL or Medicare claims. Refer to *Transmittal Letter HHA-33* (June 2002) and *Home Health Agency Bulletin 41* (November 2003) for TPL claims billing instructions. Before billing services, a new explanation of benefits (EOB) must be obtained any time a member has a qualifying or triggering event (see *TL HHA-33*). Submit EOBs to MassHealth (using the contact information in Appendix A in your provider manual) within 10 days of its receipt but do not attach it to the claim form. Complete Item 19 on claim form no. 9 with the appropriate patient status code. Providers are required to submit their claims on the revised claim form no. 9 with their NPI.